

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10808845**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		4				
6		4				
7		4				
8		2				
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TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						